



## Tips and Best Practices for 5615 Process

### ***Best Practices***

#### **Contact Sharon Brydon in Benefits Coordination to Get Medicare Buy-In Started**

- Don't adjust numbers on 5615 to make it appear that buy-in has taken place when it has not
- Medicare Buy-In is only good once in lifetime
- [Sharon.brydon@state.co.us](mailto:Sharon.brydon@state.co.us) 303-866-5402

#### **Suggested Questions to Ask LTC Facility to Determine Admit to Medicaid Date**

- What was the primary payer source at the time the person admitted?
  - If client entered facility with Medicaid or Medicaid pending
    - Use the admit to facility date
  - If client entered facility with any other payer source (private pay, Medicare, other insurance, etc.)
    - Ask are they still paying under that?
      - If Yes, ask is there an expected date for that coverage to end?
      - If No, ask what date is the facility paid through?

#### **Follow Up on Clients after Discharge**

- When a client is discharged, eligibility site should contact the LTC facility to determine where the client went
  - Update clients case accordingly to determine if client needs further care or if case needs to be closed

### ***Tips***

- Always know where client admitted from (hospital, LTC facility, home address, etc.) for both initial approval and an ongoing case
  - If the 5615 prepared by the facility does not indicate this information, technician must seek out or deny 5615 due to lack of this information
- The Admit to Medicaid date is equal to the first day the LTC facility will need Medicaid to start paying where other resources (i.e. private pay, Medicare, other insurance, etc.) left off

- Patient payment for the admit month can only be reduced or zeroed if client has already expended or committed that month's income for expenses that occurred in the admit month
  - Zero patient payment is never automatic, but must have documentation to support the decision (i.e. receipts, cancelled checks, bank statements, etc.) to be allowed
  - Always note on the 5615 why you have determined the patient payment to be zero
- If client has other health insurance (not a Medicare Supplement plan), ask LTC facility to request a PETI payment to defray cost of the health insurance
- If client has Long-Term Care Insurance, the insurance proceeds are attributable towards the patient payment
- Personal Needs allowance of \$90 is only for Veteran's who have a non-service related disability – rule 8.100.7.V.3.d.i
- SSI benefits received by a person who is institutionalized is not considered when calculating patient payment - rule 8.100.7.V.4.d